THE

MEDICAL AND SURGICAL REPORTER.

No. 848.] PHILADELPHIA, MAY 31, 1873. [Vol. XXVIII.—No. 22.

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON THE USE OF OPIUM IN LABOR AND AS A PREVENTIVE OF ABORTION.

BY HIRAM CORSON, M.D.,
Of Conshohocken, Pa.

Dr. P. C. Barker, of Morristown, New Jersey, in an essay, "On the action of Opium upon the Uterus," published in the MEDICAL AND SURGICAL REPORTER of July 17th, 1869, claims that it is an article of great value in cases of labor where the os uteri is rigid, the pains severe, and but little progress made towards delivery. He thinks it is much superior to ergot as a parturient, the latter increasing the contraction of those muscles which hold the os in a state of rigidity, as well as the others which tend directly to expel the child; thus causing the muscles of the os uteri to resist the expulsive contractions of the muscles of the body of the womb, bringing great suffering to the woman, and really retarding the labor. For opium, on the contrary, he claims that while it speedily relaxes the os uteri, it also increases the expulsive power of the muscles in the body of the uterus. Now, if this be true, opium is a most valuable medicine. We could ask for nothing better. As I do not, in common with some others, regard his *conclusions* as correct, although strictly believing his facts, allow me to quote his own words, so that he be fairly represented. After narrating several cases in which he was led to use opium in order to give his patient relief, in tedious and painful labors, and which afterward speedily and unexpectedly terminated, he says: "I at length concluded that the morphine *increased the expulsive power of the body of the uterus* to a degree sufficient to overcome the circular fibres and connecting tissue of the os uteri." After reciting another case he says: "In this case I suspected that while opium stimulated the fibres of the body of the uterus (longitudinal and oblique), it also relaxed the circular fibres of the os." And again: "The cases referred to have taught me that opium possesses the power of relaxing the circular fibres, at least of the os, and of stimulating the longitudinal and oblique fibres into active contraction." With this belief in the action of opium he explains its usefulness in abortions thus: "In abortion it is an invaluable remedy, facilitating dilatation, diminishing hemorrhage, promoting the expulsion of the placenta, and lessening suffering." Ergot he would not use in abortion until after the fœtus and secundines were expelled, on account of its tendency to contract the os. Opium he recommends in hour-glass contraction, in dysmenorrhœa, and in placenta prævia. Of its use in this latter affection he says: First, "It facilitates dilatation, thus shortening the period of greatest danger; second, it *promotes the expulsive power of the uterus;* it also lessens hemorrhage by a special hæmostatic action."

As I hope to show hereafter, by the testimony of others as well as by my own, that the conclusions of Dr. Barker are erroneous, not borne out by facts, and if acted on might sometimes produce mischief, I have, even at the risk of being tedious, quoted thus largely from his essay. Before introducing opposing views, I will bring to the support

of the opinion of Dr. B. that opium produces contraction of the muscles of the body of the womb, the testimony of other physicians who have written for the REPORTER. In three weeks after the appearance of Dr. Barker's paper, Professor Harvey S. Byrd, of Baltimore, hastened to republish an article, first published in 1858, in which he had taken nearly the same view of the action of opium. He says: "I do not regard morphia as possessing superior powers or properties to the secale cornutum, but I believe it to be as generally certain in its effects as that article; indeed I have several times administered the morphia with success *in arousing the dormant contractions of the uterus* when a genuine article of the secale had failed in increasing or rendering more persistent the uterine contractions." Here he makes no distinction in the mode of action of those two articles, and against this opinion we feel constrained to warn the young practitioner. In conclusion, Dr. Byrd sums up by endorsing all that Dr. Barker has said, he "having for more than twenty years used morphia to promote uterine contractions." Following quickly the last article came one, in the REPORTER, September 4th, 1869, from the pen of Dr. T. J. Kennedy, entitled "Parturient effects of Sulphate of Morpheum," in which he gave cases, and in a general way confirmed the opinions of Dr. Byrd (making no reference to Dr. Barker), but giving no other clue to its operation than is to be found in the phrase, "here it certainly acted as a parturient." So much for this side of the case. As I have already said, those papers followed each other in quick succession, and, I may add, they produced no slight sensation. In their teachings I saw the fruitful source of many and great dangers to the sick. There are but few cases, comparatively, in which the cause of tedious and painful labor is rigidity of the os; but if opium cause an increase of expulsive power, why not give it in atony of the womb, the os being flaccid? Why not give it when the head must be moulded into shape, to enable it to pass, and yet the expulsive powers are weak? It would be given in those cases by those who believe the above teachings, and yet with what sad results. Again, who would dare give it in threatened miscarriage? Nay, more, who would dare give it at all to a pregnant woman, at any period of gestation, for the relief of suffering, however acute and wholly unconnected with her pregnancy? And yet how safe, valuable, and indispensable in both cases! Would we give ergot in those last two cases? Certainly not.

After I had read those papers, and while those thoughts and fears occupied my mind, and while I regretted that the true use of opium in labor was not fairly set forth, and that many would be led into an improper use of it, it was with real pleasure that I read in the REPORTER, of October 23d, 1869, the valuable communication of Dr. Henry Brubaker, of Somerset, Pa., entitled "How does Morphia act on Labor?" In this most excellent paper he says: "None of the writers (alluding to those already quoted) thus far, have explained its true *modus operandi*, nor stated distinctly the *conditions* demanding its administration. It is not true that morphia is servicable, or even admissible, in every case of labor. Is it, as has been intimated, a direct parturient agent? Does it excite or promote uterine contraction? To these questions a decided negative answer must be given. It possesses no power of directly exciting or promoting uterine contraction. It exerts its appropriate action on the uterus in labor as certainly as ergot, but in a different way. To illustrate their action let us suppose two cases: Case 1. The presentation is natural; the os uteri dilated, or dilatable; the vagina relaxed and moist. There is no mechanical impediment, nor disproportion between the head of the child and the outlets through which it must pass. But the uterine contractions are feeble, the expulsive efforts are insufficient to complete the labor. The *object* here being to excite uterine contractions ergot is clearly indicated. If under these circumstances one should give morphia, he would most likely have occasion to regret it, for more reasons than one. Case 2. This differs from the above, in the fact that the os uteri, though slightly dilated, is still rigid and unyielding; the chief, if not the whole difficulty lies in the rigidity of the os. The vagina is sufficiently relaxed and moist. The woman has been suffering the greatest agony for many hours from the pains of dilatation. There are also active contractions of the womb, and the obstacle to the completion of the labor is the unyielding os. The contractions of the womb are sufficient to expel the child the moment the os relaxes. It is in such cases that morphia displays its astonishing powers. In nine out of ten such cases it will com-

plete the labor in half an hour. The object of its administration is to relax the os uteri, and this it will do most certainly and effectively." I have thus thrown together a few extracts from this most valuable paper, to show how positively its author differs from those who regard opium as exciting expulsive uterine contractions. He has clearly pointed out the conditions which make its use necessary. Again, in the REPORTER of February 12, 1870, we have an essay entitled "Opium in Labor," by Dr. J. E. Lyons, of Indiana, in which he says: "I cannot agree with Prof. Byrd and Dr. Kennedy that opium possesses any expulsive properties;" and adds, "Dr. Brubaker's article so fully sets forth my views that I have nothing more to write save to add my testimony to his." Dr. Lyons has used it for many years, but always with the sole intent to relieve pain and dilate the os uteri.

How now stands the case among those five writers? They all think opium most valuable to dilate a rigid os uteri, and three of them also believe that, like ergot, it excites the uterus to forcible expulsion of its contents, while the other two deny to it any such power. I have often used it to bring relief from pain and to dilate the os uteri, just as I would give it to relieve the spasmodic constriction in strangulated hernia, and can say that I concur heartily with all that Drs. Brubaker and Lyons have declared respecting its value in labor at full time. But I particularly desire to call attention to a matter of great practical importance connected with the use of opium. Since the publication of the articles which claim that opium is a parturient, that it excites uterine contraction, many physicians have been quite timid, even afraid to give it to pregnant women, when, in acute diseases it has seemed to be imperiously demanded. Others have, in *threatened* miscarriage, when violent pains and contractions of the womb were present, been afraid to use opium to relieve the suffering, through fear that it would, like ergot, render the expulsive efforts more forcible, and thus hasten the expulsion of the fœtus. Just here it is most important that we determine the truth in relation to its action. For if opium have the power, when given to a pregnant woman, to cause uterine contraction, as declared by the writers on one side, then it would be exceedingly hazardous to administer it to her at any period of gestation; if, on the other hand, as Brubaker and Lyons say, it never excites the uterus to expulsive action, it may be safely given to her, other conditions demanding it; and in threatened miscarriage, where the contractions are expulsive, will be not only safe and valuable, but our most efficient means of prevention.

Without theorizing on the subject, allow me to give my experience with it when administered to pregnant females. Instructed by my teachers that uterine contractions, threatening abortion, might, in cases early seen, be arrested by opium, I entered on its use early in my practice. In 1830 a case occurred in which its power was strongly manifested, and from that time to this I have relied on it with great confidence as a valuable preventive of that dreaded accident. A lady, only 27 years of age, but who, after her first healthy natural labor, had miscarried five times, and always in her fourth month of pregnancy, sent for me on the last occasion, but the child had already escaped when I arrived. After hearing her account of her ill luck, as she termed it, I told her if she should again become pregnant, and the symptoms of abortion—pain, followed by slight hemorrhage—should present, she should at once go to bed, take thirty drops of laudanum, and send for me. She followed the directions, and afterwards had five consecutive labors at full time, without a single miscarriage. After these there was another abortion, owing, probably, to a failure to resort early to the means of prevention. After this she had one more living child at ful time. My treatment consisted in giving her sufficient opium to promptly allay the pain and contraction, and to keep her under its influence until the danger seemed over. I relied almost exclusively on the controlling power of the opium, giving astringents only when the persistent hemorrhage demanded it. I might narrate numerous cases thus treated successfully, but suffice it to say, that I have always pursued this plan, and with a success which certainly would not have followed if opium had been, as alleged, an exciter of uterine contraction, as is ergot. It is true that I have sometimes failed when I hoped to succeed, and ofttimes succeeded, by allaying the pain and uterine contraction, when success seemed almost hopeless. I would be glad to hear the experience of others on this subject.

Many physicians do not use opium in cases where hemorrhage is present, even

though pain accompany it, but rely on astringents to arrest the hemorrhage, regarding it as the cause of danger, and not the contraction of the womb as the cause of the hemorrhage. (I do not here overlook the fact that there are some cases of abortion not accompanied by pain). Professor C. D. Meigs used to teach his class that "when the *disposition* to miscarry was connected with the status of the womb itself, they should give forty-five drops of laudanum by injection every night at bed-time, sometimes night and morning, to tide them over the period at which they were wont to miscarry. This opium-treatment he said he learned from Dr. Physic, and was the most commendable practice with which he was acquainted." It *is* a very commendable practice, but if opium has the power of producing expulsive contractions of the body of the womb, as the authors referred to say it has, it would be the most disastrous practice, rapidly bringing on the miscarriage instead of preventing it, as Physic and Meigs did, and as has been done by thousands of others, by the free administration of the drug. Nay, more, if these teachings be true, who, as I have already asked, would dare give it to a pregnant woman at all, in any period of her gestation, or however demanded for her relief from disease, and yet who has not done it, countless times, with great comfort to the patient and without ever causing contraction of the muscles of the womb! Would we dare ply a woman with ergot when pregnant and threatened with abortion? Certainly not. And yet we use opium, which Dr. Byrd says is its equal as a parturient, with safety and advantage. The two, therefore, cannot act alike. I agree with Dr. Barker that it may be useful sometimes in placenta prævia; but not because it causes uterine contraction, but simply because it tends to dilate the os uteri, and thus facilitates the speedy manual delivery of the child. I say manual delivery, for there are many cases in which to wait for the uterus to do it is death to the woman. So, too, in hour-glass contraction, I would give it with strong confidence that it would greatly tend to relax, not excite, spasmodic contraction, after which the placenta could be readily removed. It can only work confusion in practice to teach that opium has two antagonistic modes of action in an organ at the same time. I would give opium for the relief of a rigid, contracted os uteri, just as I would give it to relieve an hour-glass contraction, a colic, a cramp of the leg, or of the abdominal muscles, a strangulated hernia, or a spasmodic croup. Opium has no special direction to the womb. The effect on that organ in relaxing any of its contractions or constrictions, is only its legitimate share of the general effect on the whole system. One of its medicinal effects is the relaxation of spasm or spasmodic contractions wherever found, and with them may be classed the rigid os uteri.

MATERNAL INFLUENCE UPON THE FŒTUS IN UTERO.

BY F. K. BAILEY, M. D.,
Of Knoxville, Tenn.

During all the discussion which has of late been recorded in the medical journals upon this subject the writer has been silent. It would appear strange if an observation of many years did not reveal some cases bearing upon the question, either pro or con. We can be assured that whatever the medical profession may think regarding "mother's marks," etc., mothers themselves do believe in them.

So much importance is attached to the possibility of a child being marked that quite a proportion of parturient women will speak of it during labor, and say, "now I hope it will not be marked," or, when some facetious remark may be dropped by an attendant as to the sex of her expected offspring, "I am not particular, if it is a *perfect* child."

Still, when cases of deformed or defective infants have occurred, it has not been coincident to allude to the subject in advance, but on seeing a defect upon her child the mother generally has some recollection of an occurrence which she fancies was instrumental in causing it. During my earlier practice, a young woman, primipara, was delivered of a still-born child that had upon the sacral region a tumor which I considered spina bifida. It was nearly circular, two and a half inches in extent, and an inch or more in thickness. In fact it was of the shape and external appearance of a toad. All with one accord exclaimed at once, "*a toad!*"

The woman stated that during her pregnancy she was drawing some water from the well, and when the bucket reached the top she saw a toad in the water. She

immediately felt a severe pain in the small of the back, and instinctively placed her hand upon spot.

Another case was that of a lady of middle age, and mother of several children. She was of a strong, bilious, nervous temperament, and very excitable. During the winter season, when about five months advanced, she slipped while alighting from a sleigh, upon the ice, and fractured the lower extremity of the fibula, besides dislocating the ankle joint. The pain was intense, and her nervous sensibilities were severely shocked.

Before confinement, however, the limb was so nearly well as to admit of walking about. In due time she was delivered of a well formed female infant, except that the ankle corresponding to the mother's was found to be almost without any strength and firmness. The foot could be turned and twisted about in every direction. It seemed to have no ligaments, or at least but the mere rudiments.

The child being very healthy it grew rapidly, and before she was old enough to attempt walking the ankle appeared developed. It was not as strong as the other for some time.

On another occasion, about the year 1850, I attended a woman in labor with, perhaps, her tenth child, and at least the fourth under my charge. Her previous labors had invariably been rapid and without unusual incidents. At this time, however, there was a delay. I soon found it to be from hydrocephalus. The cranial bones upon the vertex were wanting, and only an elongated bag of water presented. Labor was at last concluded, and the elongation was to an almost incredible extent. There was an arrest of development in the skull, so that the whole top was fontanel from front to back.

As we were examining the child during the usual washing, there was an obvious resemblance in the pelvis and lower limbs to a bear. The feet were flattened and elongated so that it required no stretch of the imagination to discern a resemblance.

The good woman at once came to our relief by stating that some weeks before, while she was crossing a swamp, upon a narrow roadway made of logs, a bear came suddenly out of the thicket, and crossing the road entered the dense undergrowth on the opposite side. Although the animal was but a little distance away it did not appear to notice her, but she, of course, was considerably frightened.

To say the least, there was certainly an arrest of development at that time, and the secretion of water resulted instead of more solid matter. Some writer mentions the same condition as a result of arrested development.

In 1847 or '48, a pregnant lady came under my care for severe neuralgia, involving the lower extremities. Among other expedients, a blister was drawn, the lower end of which embraced the region of the trochanter major. After confinement there was plainly to be seen upon the child, exactly corresponding in shape and locality, a brownish spot, which remained permanent while it lived (about thirty days).

Having no record of such cases, the above are nearly all that I can call to mind. One instance, however, is still fresh in memory.

In 1848, among several cases of cerebro-spinal meningitis, resulting from congestive fever, was one, the subject of which was a boy of seven years of age. The tetanic spasms were frequent and severe. His principal attendant was the mother, of course. She, at the time, was pregnant, and her unremitting care told upon the nervous sensibilities. In due time she was delivered of a fine, vigorous male child, which at first showed nothing abnormal. After a few weeks, however, the child began to have slight spasms when the bowels were evacuated. The face would become somewhat livid, and the respiration irregular. Gradually the spasmodic phenomena became so severe that the head became thrown back, and the whole spine appeared affected as in opisthotonos. The paroxysms were very short, and did not appear to produce any unpleasant results.

There was such a resemblance in appearance to the spasms in the case of the older brother, that it could not escape notice.

This state of things continued till the child was about a year old, when all traces slowly disappeared. He grew up to be a fine boy, and is a healthy man, so far as I know.

NEW TREATMENT OF FURUNCLES.

BY DR. T. N. WYLIE,
Of Bolivar, Texas.

Case 1.—T. A. P., male, æt. about 25 years; recovered from a severe attack of small-pox.

in January, 1873, which was followed by a numerous and very painful crop of furunculi. I put him on aquæ chlorini, ℥ss, every four hours, with local application of glycerine and tr. opii., equal parts. There was marked improvement from the first, and complete recovery in about ten days. Has been no return of the furunculi since.

Case 2.—W. B. McC. Was called March 7th, 1873. He had been suffering from very painful furuncles, situated on the head and face, for some weeks; at times he was thrown into such violent fever as to compel him to keep his room the entire day; he was put on aquæ chlorini, ℥ss three times a day. The furuncles disappeared in a few days, and have never returned. Four ounces sufficed, in this case, to complete a cure.

Case 3.—Is a case of chronic rheumatism, of about eight years' standing, and at times very painful. The hands are prone to erysipelatous inflammation, from scratches or bruises that were received. For this he had been treated with vinum colchici and potas. iodidi, with benefit, but not cured; when he came under my care this treatment had seemingly lost control over the disease. His hands were in a very bad condition when I first saw him; they were very much swollen, pitting deeply by pressure, with large blisters, filled with serum, scattered over the hand. I put him on the aquæ chlorini, ʒvj three times a day, with local application of tr. iodidi for *the first few days.*

I must confess that in this case I was not very sanguine of the result, but from the favorable results of the former cases I was determined to give it a trial.

After the patient had been under treatment for twelve days he came to me with his hands reduced to their natural size, and the chronic sores that had existed for some months entirely well, with one exception, and this one was improving fast (it is entirely well now). In his own words "they are better than they have been in two years." When he receives an injury on them the wound heals as rapidly as on healthy persons; yet, as his is a case of long standing, I shall keep him under treatment for some time.

Case 4.—J. C., male. Is afflicted with numerous furuncles; put him on the aquæ chlorini, ℥ss three times a day. Improvement from the first, and complete recovery after using four ounces.

The bowels are to be kept regular by the use of salines. (I make the aquæ after the formula given by Prof. Flint in his work on practice.)

I call this a *new* treatment; so it is, to me, at least, for I can find no account of such treatment having been used for impurities of the blood. I have made inquiry among my professional brethren in this section, and can find none of them who have ever used or heard of this treatment before.

I was induced to give the aquæ chlorini a trial, from the fact that chlorine is a great purifier when used to remove noxious gases, etc. Reasoning from this standpoint, I came to the conclusion that it would have the same effect on an impure circulation in the human body.

I have given you the result of my experiments with the aquæ chlorini; it is true that there are but a few cases, but the result is so much more satisfactory than any I ever obtained by other modes of treatment that I shall continue to use it when called on to treat this class of cases so long as it proves efficacious.

Will you please inform me whether the aquæ chlorini has ever been used as I have used it in the above cases? If it has been used in such cases before I used it, I would like to know when and by whom.

(Patient No. 3, who took the largest doses, said that it made him feel drowsy; except this there were no unpleasant symptoms manifested.)

REPORT OF SURGICAL CASES ILLUSTRATIVE OF INDICATIONS FOR AND METHODS OF OBTAINING PRIMARY UNION.

BY J. B. GARRISON, M. D.,

Of De Witt, Ark.

Case 1.—Jerry Bradford, colored, laborer, æt. 45, living near Woodville, Tenn., was kicked by a mule, November 16th, 1868. I saw him in an hour afterward. He stated that he was in a stooping posture, unhitching the traces that attached the mule to the wagon. The wound was an irregular, clean cut, extending from a point right of the centre of the forehead, obliquely downward, across the right eyelid, nearly to the outer canthus. The supra-orbital ridge and frontal bone, as far as the wound extended, as well as the orbital plate of the os frontis, were cleanly exposed, as if by a careful dissection. The supra-orbital nerve had been torn from

its intra-orbital continuity, and I removed with the scissors about one and a half inches of it which was free. I then bathed the wound with tepid carbolized water,

℞. Acid. carbolic. crys., ʒij.
Aquæ tepid, Oj. M.

and accurately adjusted the lacerated surfaces by means of interrupted silken sutures, previously saturated with carbolized oil,

℞. Acid. carbolic. crys., ʒj.
Olei. olivæ pur., ʒvij. M.

and tied *tightly*. A compress of several folds of linen saturated with carbolized water, tepid, of above strength, was applied and kept in place by a bandage. The dressing was directed to be kept constantly wetted with the solution. Four days afterward I removed the sutures, perfect union having taken place without any suppuration whatever, and consequently, no cicatricial tissue which would have caused subsequent contraction and deformity.

Case 2.—Mrs. Jane Pearman, of DeWitt, Ark., æt. 78, had an epithelial cancer of four years' duration, involving the integument and subjacent tissue of a circular space corresponding to the width of the right eyebrow, and situated about its centre. This I removed, September 21st, 1870, by two incisions, including the epithelioma, in a long ellipse. The wound was closed and treated in precisely the same manner, with a like result as in case described above.

Case 3.—May 8th, 1871, I was consulted by John A. Stewart, æt. 51, living on Bayou Meto, 35 miles west of DeWitt, in reference to a tumor situated on the right cheek, half an inch from and on a line with the oral commissure. The tumor was only of a week's duration, was about one-half inch in diameter, slightly elevated, somewhat elastic, of a dark bluish color, and painful. The pain was described as "burning, aching and shooting," and was more or less constant. Not appreciating the character of the affection, I prescribed locally an anodyne astringent, and internally sedatives and salines. In *one week more* he returned, and the tumor had increased to one and a half inches in diameter, was elevated half an inch above the surface, and a finger in the mouth showed its rapid progress in every direction, involving the buccinator and orbicularis oris muscles. A thin, discolored fluid oozed from its superior surface. Satisfied as to its malignancy, I removed it, May 15th, in the presence of Drs. Visart, Abbott, G. McCarty, M. McCarty, and Prof. Ireland, of Louisville, Ky., who was then on a visit to this place. The tumor was very friable and interspersed with semi-gelatinous points indicating its encephaloid nature. The coronary artery was cut, but *not tied*, as I wished *primary union*, hemorrhage being stopped by compression. The wound was treated as above, and primary union secured without a drop of pus having been formed, and in a month there was scarcely a *line* to show where the tumor had been. Professor Ireland kindly took the tumor to Louisville, and had it examined microscopically, and verified the diagnosis as to its cancerous structure. It is well enough in this connection to state that I prescribed phytolacca decandria for the patient afterwards, as recommended by a Dr. Crook, of Ohio, I believe, in an article which appeared in the REPORTER some years since. I gave him just as much of a saturated tincture of the poke root as he could take without producing unpleasant symptoms. He continued taking it for about a year. There has been no return of the disease, and two years have elapsed. Nor have I ever had a return of cancer in any patient from whom I have removed it with the knife, and afterwards gave a course of the phytolacca. Nevertheless, the few cases in which I have tried it are insufficient tests of the preventive or curative power of this drug. I would be glad to hear from Dr. Crook again on this subject.

Case 4.—In July, 1872, while on a visit to Tennessee, I removed a cicatricial, tegumentary tumor from the lower border of the posterior triangle of the right side of the neck of a negro child some four or five years old. The tumor originated from a burn in infancy. There were present, and assisting, Doctors Bain and Irvin, my former preceptors. The tumor was pulled outward, sutures introduced beneath it, and then it was removed with the scissors. The after treatment as above, and with the same result.

Frequently, when I do not expect primary union from not being able to conform strictly to the rules suggested in my former article, my treatment is somewhat modified, as in

Case 5.—During the latter part of February, 1873, a man was found on an uninhabited island in the Arkansas river, stark naked, nearly starved, insane, his body lacerated with briers, and both feet frozen. He was

taken to an old deserted log hut, laid on a bed of "motes," or refuse cotton, and covered with bagging. A poor laborer gave him what little attention was given him, and procured the medical services of Dr. E. Visart, who, finding it necessary, sent for me, and I amputated both legs at their lower third, March 26th. When I arrived I found the patient sane, but both feet were rotten to the ankles and full of maggots. There was no fire in the house; the weather was very cold, and the patient shivering as with an ague, and alone. A hole three feet square cut in the side of the house, as well as the "unchinked" interstices between the logs, admitted the cold air without stint. The patient gave his name as Robert B. Wilson, of Hull, Yorkshire, England, and did not know how he came to be on the island, but my supposition is that he must have left a boat which had stopped to "wood" while he was in a fit of delirium tremens. The case was very unpromising, to say the least, but I improvised a table to operate on by lifting the "rickety" split-board door from its wooden hinges, put it on some props, laid the patient thereon, gave him whisky and morphine, chloroformed him, cut off both his legs, and instead of dressing the stumps with an aqueous carbolic solution, I applied carbolic oil (strength ut supra), and directed the dressings to be saturated with it twice a day until they were removed by a physician. My reasons for using the oil in this case are obvious, as I knew the watery solution would not be properly applied, and if so would increase the patient's discomfort, exposed as he was to the cold. Very little blood was lost in the operations, and what little sponging was done was by means of old linen cloths dipped in carbolated water. I interested some wealthier individuals of the neighborhood in behalf of the poor fellow, and they supplied him with stimulants and nutritious diet, and he recovered rapidly and is now well. The flaps did not unite by first intention, but I learn there was *very little suppuration.*

Case 6.—April 18th, I removed the entire left mamma of Mrs. Hurley, æt. 50, for scirrhus of the organ. Although I observed all the rules referred to in my former article, there was so much tension on the sutures that only about two-thirds of the wound united by first intention. Although I loosened by dissection the tissues above and below, the space to be covered was so large that, though the sutures were very tightly drawn and tied, I could not get *exact firm* apposition of all the parts of the wound, and consequently my partial failure as to securing primary union.

FURTHER NOTES ON THE EPIDEMIC INFLUENZA.

In addition to the numerous proofs of the prevalence of this complaint already adduced by our correspondence, we add the following letters since received:—

IOWA.

Dr. C. W. Davis writes from Indianola:—

The influenza consequent upon the epizootic in this region yielded at once with doveri and quinine. Spinal rheumatism seems to be a sequela of the epizootic in some neighborhoods.

COLORADO.

Dr. Jesse Hawes writes from the town of Greeley:—

The influenza epidemic in Northern Colorado has been severe in some cases, but in none fatal.

TENNESSEE.

From Gallatin, in this State, Dr. T. M. Woodson writes:—

In answer as to the prevalence of influenza, following the equine epizootic, I will state that it made its appearance soon after the disappearance of that malady, and was general and wide spread, attacking alike all ages, sexes, temperaments and occupations.

The symptoms attending were those so graphically portrayed in Wood's Practice, that it is needless here to repeat, only mentioning the most prominent and distressing, which were *lassitude, chilliness, severe pains in the limbs, constant distressing frontal headache, debility and prostration, cough;* this was peculiar and troublesome, more so than attends the usual inflammatory affections of the respiratory organs, the irritability of the mucous membrane of the whole respiratory tract being so great that the slightest causes brought on violent paroxysms of coughing. In short, the nervous symptoms were the most marked in the majority of cases. Bronchitis attended and followed in more cases than pneumonia; neither to any great extent; these complications only were followed by fatal results. The aged and feeble were the greatest sufferers.

In the treatment of this epidemic the best result was obtained by the early and liberal use of *quinia* and *morphia*, given in doses of five grs. former, one-fourth gr. latter, on the first invasion of the disease, repeated every four to six or twelve hours, according to severity of attack and persistency of symptoms. The force of the attack thus checked, as characterized by the subsidence of nervous distress and approaching prostration, the quinia was continued in from three to five grains three times daily, which shortened the duration and prevented complications.

For *cough*, especially where pectoral symptoms predominated or lingered, the following proved of signal service:—

℞. Muriate of ammonia,	ʒijss.	
Syrup senega,	fʒij.	
Sulph. morphia,	grs.ij.	
Water,	ʒvj.	M.

One tablespoonful every three to six hours.

Hospital Reports.

KEOKUK MEDICAL COLLEGE.

Surgical Clinic of Prof. J. C. Hughes, M. D.

[REP. BY J. P. MURRAY, MED. STUDENT.]

Francis P. Murray, æt. 17, was brought before the class March 5th, 1873, with encysted tumor of posterior part right thigh. Some doubt had existed as to whether it was an aneurism or not, and after inquiring into the history of the tumor the Professor diagnosed an encysted tumor. The Professor proceeded to puncture the limb and drew off about a quart of pus. He then ceased and did not repeat the operation until March 10th, when puncturing with a larger instrument, he drew off about two quarts more. Then allowing the patient to rest for three or four days, he punctured a little higher up, and permitted the remainder of the fluid to escape, which amounted to about a gallon. Since that date he has treated it by injections of a weak solution of carbolic acid, and the patient at the present time is able to walk around at pleasure. There was marked anæsthesia at the first and second operations, causing the Professor to draw off only a limited quantity at a time.

Medical Societies.

CLARKE COUNTY, ILL., MEDICAL SOCIETY.

This Society met in Marshall, on the 2d of April, 1873, Dr. D. O. McCord in the chair.

Dr. McNary reported a case of Fistula in Ano of many years' standing. During the first five years the face frequently became tumefied and suppurated. An operation was performed and the fistula effectually cured, but the patient is now troubled with chronic bronchial disease. This case caused a good deal of discussion, and many important practical facts were presented.

Dr. Mitchell read a lengthy and very interesting paper on cerebro-spinal meningitis, a disease that prevailed to an alarming extent in his locality during the last winter. It was his opinion that the disease was "rheumatic cerebro-spinal meningitis, eccentric, not local, but general." He does not recommend excessive depletion, but gives sub. murt and ipecac in sufficient doses to produce free emesis and purgation and active irritants to spine. After this and reaction is fully established he then resorts to the usual anti-rheumatic remedies. Dr. McCord was thoroughly satisfied that in the first stage of this fearful malady we have congestion, not only local but general. This we must relieve promptly or death is inevitable. He also recommends ipecac and sub murt and counter-irritation to spine. After the congestion is relieved, the pulse runs to from 120 to 160 per minute, and we now have disease of base of brain and upper portion of spinal cord, which if not truly inflammatory surely indicates that condition. He, in an able speech, contended that we must control the action of the heart and prevent effusion if possible. If this takes place he expected a protracted case and resorted to absorbents and the best known remedies for the removal of this effusion. Drs. Mitchell and McCord differed slightly in the character of the inflammation which in all cases follows the congestion, but in treatment there was no difference of opinion. They saved half of all the well marked cases.

Dr. Payne remarked that he had passed through three epidemics of this fearful disease and had witnessed some post-mortem examinations, and was then fully convinced that after the congestion is relieved we have an erysipelatous inflammation and rapid effusion. One case died in thirty-six hours after first symptoms, and post-mortem examination revealed at least six ounces of serum in the base of the brain and upper end of spinal cord. When reaction is established diffusible stimulants are certainly contra-indicated.

Dr. I. B. Weed read a very interesting paper on the causation, pathology and rational treatment of "spotted fever." He is of the opinion that in localities where there is an excess of malarial poison this disease is more likely to prevail, this malaria producing a chronic poisoning of the system which renders it more susceptible to the influence of the peculiar poison or atmospheric influence that causes this fearful malady. The system being in a debilitated condition has not the power to throw off this active subtle poison, which seems to have an elective affinity for the lining membranes of the cerebrum and spinal cord.

It was stated by all of the physicians re-

siding in the locality where this disease prevailed during the last six months there was very little pneumonia, but all of the disorders partook more or less of spotted fever. Dr. Mitchell had a number of cases of rheumatic fever who had many symptoms of spotted fever. Drs. McCord and Mitchell stated that they had saved under their treatment about one half of the well marked cases.

The Society then proceeded to the election of officers.

Dr. W. H. McNary, President; Dr. F. H. Jennings, Vice President; Dr. F. R. Payne, Secretary; Dr. I. B. Weed, Corresponding Secretary; Dr. J. D. Mitchell, Treasurer.

Editorial Department.

Periscope.

The Mechanism of Production of Symptoms of Diseases of the Brain, and the Conclusions to be drawn from the knowledge of that Mechanism for the Treatment of those Diseases.

In referring to a previous lecture, Dr. Brown-Séquard said that it was not possible to assign special functions to the different parts of the brain in view of the facts which we now possess. If, as we find, a portion of the brain is able to perform the functions of the whole, we must conclude, to be logical, that a given part of the brain has no function, or can take upon itself every function.

He spoke of the inhibitory action of nerves upon nerve centres, saying that lesions in the bowels or brain may produce symptoms due to the transmission of an irritation from the part affected to other parts.

In a previous lecture, several hypotheses were advanced. These were in accordance with true scientific principles, though they may soon be overthrown. One hypothesis was that each side of the brain is a whole brain; one hemisphere is sufficient for all the functions of the brain; one side may be destroyed and all the functions remain. Again, very few fibres are sufficient to communicate between the groups of cells at the base of the brain and the cord; of the multitude of fibres shown by the microscope all are not necessary; *e. g.*, perhaps of fifty million, fifty may serve for transmitting the communications. This is seen after the destruction of a large part of the medulla oblongata, the functions remaining in the parts below.

An interesting study is found in the variety of effects which may be produced by an irritation. Injury to the trunk of a nerve may give rise to symptoms of brain disease, or inflammation at a distant part, or hemorrhage, or, perhaps, not even excepting so-called malignant products, almost any change in the natural cells and constituents of parts. The same is seen when the brain is affected or the bowels.

The extent of power of an irritation in the brain is greater than when it is in other organs; thus, if parts of the medulla oblongata are pricked, we find a complete arrest of activity in every organ having dynamic power, heart, lungs, etc. A very slight irritation has great power.

In certain animals, we may find only arrest of respiration from a prick of the restiform body; or there may be only a loss of power of the will over muscles, the respiratory action continuing; or the heart alone may be arrested.

So, crushing the ganglia of the sympathetic in the abdomen will cause the heart to cease acting. This he had shown, in 1856, on rabbits, but it was not particularly brought to the notice of the profession until Goltz, in Germany, proved the same thing in frogs, that a blow on the belly would arrest the heart. But the same irritation may destroy the power of the will, without affecting the heart. Here we have the same phenomena following an irritation of the brain in the prick, or of a peripheral nerve, *i. e.* respiration ceases, the heart is arrested, the will is abolished.

Again, passing a current of carbonic acid forcibly into the larynx may stop convulsions of epilepsy, or those excited by strychnia, may arrest the heart and abolish the power of the will.

Very cold water injected into the ear in a well person may give rise to a state of perturbation, so that the person will turn round in a small circle, or will walk, as it were, on the sides of a square when attempting to walk on its diagonal. The same is seen in certain lesions of the brain.

Lesions may cause symptoms to appear in a very short time. If certain parts of the brain are pricked, very quickly there may be found in the lungs, in one part anæmia, in other parts œdema of a peculiar nature, the blood-vessels being crowded with white corpuscles, as was shown by Ranvier; also there may be emphysema, not caused as the two theories in vogue would lead us to suppose, during inspiration or during expiration, but resulting, when the lungs are at rest, without any movement, so that the two old theories are not the only true causes. Also, there may be ecchymosis and hemorrhage in the lungs.

Thus a great variety of lesions are found to arise immediately from lesion of the brain.

Time was wanting to pass in review the various viscera, the skull and meninges, to show a similar mechanism in their action when irritated.

The corpus striatum was considered the organ of the will by many, the optic thalmus the organ for sensation; these views are not right. These parts may be destroyed without symptoms following, and there may be many different symptoms from the same disease. A remarkable case was mentioned of a patient with an abscess in each corpus striatum, that in one being larger than the other. The only symptom present was anæsthesia on the same side with the larger abscess. Ollivier records a case of anæsthesia on the same side with the injured optic thalamus.

He said he now possessed a very large number, one hundred or more, of cases of brain disease with the symptoms appearing on the same side. Generally, the symptoms are on the opposite side, but in disease of certain parts they are on the same side. There is one corner where this is especially true, the pons, restiform body and over the petrous bone.

Again, hemiplegia may be due to pneumonia, as has been shown by Dr. Lépine, the paralysis occurring on the same side with the lung disease, or on the opposite side; so that irritation of nerve fibres in the lung may have an effect similar to lesion of the brain, and like that, on the same side or on the opposite side.

Lesion in the brain or in the periphery may cause epilepsy; so, also, irritation in certain parts of the brain or periphery may cause arrest of the epilepsy.

These cases of arrest of certain functions, as of respiration, of the heart, or of the will, are due to the arrest of the activity of certain cells, place them where you will, which preside over such actions. Many kinds of morbid respiratory acts, hiccough, cough, gaping, sneezing, spasm of the glottis, may be arrested by pressing on parts of the face or neck. By passing carbonic acid into the nostrils, headache may be relieved; this may also be used in asthma. Action of certain ganglia will stop the action of the bowels. The vaso-motor centre may be paralyzed by galvanizing the depressor nerve, so causing a general fullness of blood-vessels. The reflex faculty of the cord and medulla may cease when the skin of a frog's leg is pinched.

He has seen fifteen cases where drawing on the great toe caused the cessation of what is called spinal epilepsy; why this is so, he does not know. General epilepsy may be stopped when the loss of consciousness does not occur at the beginning of the fit, by drawing the parts which are convulsed. Contraction of the neck of the womb has recently been said by a Southern doctor, Dr. Washington, to cease on application of dry cups to the skin of the sacrum. Such facts show that the excitation goes to certain cells and causes cessation of this activity, and then the phenomena cease.

So in the brain, we must admit something similar; emotion may have such an effect. A prick of the arm, before bleeding, has caused syncope. So loss of consciousness in epilepsy depends on the loss of activity of cells. Contraction of blood-vessels of the brain cannot act quickly enough, and that can be only one way in which such loss is produced, but it is not the usual way. The loss of consciousness may occur with vessels full of blood, as is seen in Guinea pigs artificially epileptic, in which the cervical sympathetic has been divided. They still have the epileptic loss of consciousness when the epileptogenous zone is irritated.

In syncope, the loss of consciousness is not dependent on cessation of the heart's action. The heart may stop and consciousness persist, or consciousness be lost and the heart act. The power of the will may continue even when the brain is full of bad blood.

In regard to treatment in view of the facts mentioned. A paralysis due to organic lesion may disappear at once under emotion, or an act of will, the paralysis being then cured, though the cause remains. It is desired to find something like this in applying treatment. The only thing is an irritation acting on the skin. Doing this, he has had opportunity of recalling a patient to life. After erysipelas of face, there was intense headache, hemiplegia and coma, and probably an abscess of the brain. He has been cured and remained well long. He was in coma two or three times, and roused out of it by the actual cautery applied to the head and between the shoulders. The iron must be heated to a white heat and passed lightly over the skin. There is no pain. He has found only one patient who refused a second application.

The application should be made on the paralyzed parts, limb or face, not over the spinal column, or if centrally, over the vaso-motor centre in the neck. In one case, he roused a patient out of coma by applying it to the head; and this was repeated many times, forty or fifty at least, during two years, and the patient died finally in coma, there being no one present to cauterize him.

Remarks on Gout.

The last report of St. Thomas' Hospital, London, contains an article on gout, by Dr. ORD. It closes with the following summary of his views:—

1. Gout is a mode of decay of the whole system, marked by the deposit of urate of soda in and about joints, and by local inflammation of a particular kind. 2. The deposit of the urate is a result of local or general disintegration, and is not to be regarded as a means of eliminating urate from the blood. 3. The local inflammations do not necessarily depend upon the deposit of urate, and the deposit is not a consequence

of inflammation; at the same time, is it probable that excess of urate in the blood produces irritation of tissues. 4. The local inflammation is peculiar in respect of the ease with which it is produced, of the pain by which it is attended, and of the products, which are chemical rather than structural; chemical substance of low molecule, tending to crystallize or to be dissolved, being formed in the part, instead of substances of high molecule tending to be organized. Interstitial subcrystalline deposit is common, suppuration rare, in gout. 5. The local inflammations are set going by local exciting causes. 6. The local degenerations and inflammations tend to infect the rest of the system through the blood, and to set up similar actions elsewhere through reflex nervous action.

As regards treatment, Dr. Ord says that, while the old rules of regimen still hold good, "in the way of remedies, eliminant medicines, among which pure water should hold a high rank, must be regarded as of high value; and to their use must be added the adoption of all possible measures to promote the concoction of healthy tissue, such as the use of cod-liver oil, of milk and fatty foods, and of good meats in moderate quantity, and the administration of tonics of various kinds, such as iron, arsenic, and the vegetable bitters;" while the local application of iodide of potassium will also be found useful.

Reviews and Book Notices.

BOOK NOTICES.

A Treatise on the Principles and Practice of Medicine, etc. By Austin Flint, M. D., etc. Fourth edition. Philadelphia: Henry C. Lea, 1873. pp. 1070.

The rapid strides made by the profession in these days require the issue of new editions of our text books more frequently than was the wont but a few years ago. The last edition of this book bears date 1868; five years have brought much that is new, and caused the discarding of much that has been found untenable.

Prof. Flint has given us in this edition the results of his clinical studies, than which nothing can be more valuable. He has also added all that which is new, both at home and abroad, thus enabling the student to gather more readily the fruit that has been quietly maturing in the fields of medicine.

To the profession Flint's Practice is always welcome; both practitioner and student enjoy its teachings, while the learned Professor himself will ever command their profound respect, even though, in some instances, there may be a diversity of opinions.

Mineral Springs of North America. How to Reach and How to Use them. By J. J. Moorman, M. D., etc. Philadelphia: J. B. Lippincott & Co., 1873. pp. 294.

In this neat little volume Dr. M. gives us much that is already familiar to us in other works of this character, both by himself and other writers. He acknowledges his indebtedness to the valuable and exhaustive works, on this topic, of the late Dr. John Bell, of this city.

To those who propose the use of mineral waters we would suggest a perusal of the book. We agree with the author in the belief that much benefit is lost, and perhaps much harm is done, by reason of the ignorance of those who resort to the mineral springs.

The book is written in a pleasant chatty way, that attracts the reader. While we are given a pretty full account of the springs on this side of the continent, those beyond the Rocky Mountains are dismissed with a brief page or two.

While on a visit to the celebrated Geysers of California, we learned much of interest, though we did not always credit the cures detailed to us by the old settlers and others. The hot springs in the vicinity of the celebrated Geyser Canon merit more than a passing notice. At Calistoga we were treated to weak chicken broth from one spring, and to excellent lemonade from another.

Civil Malpractice. A Report presented to the Military Tract Medical Society, January, 1873. By M. A. McClelland, M. D. Chicago: W. B. Keen & Co., 1873. pp. 74.

This is an essay which, under existing circumstances, commends itself to the notice of the profession.

The author defines the term malpractice, and gives some other definitions, such as that of "ordinary skill," "quacks," etc. He quotes, with comments, a number of cases.

Much of the value of the work is lost for want of an index and a table of contents.

—The Michigan University Medical Journal has died of anæmia. Its readers devoted themselves so assiduously to the perusal of its contents that they forgot to pay for it.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MAY 31, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

☞ Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

☞ Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

ON MUSCULAR EXERCISE.

There has been much discussion lately in the English Medical Journals on the value and the dangers of gymnastic and athletic exercises. As a nation the English are given to out-door sports, as rowing, wrestling, hunting, walking, boxing, swimming, cricket, etc., but much less than their neighbors, the Germans, to gymnastic practice. The "Turners," or gymnasts, in Germany have regular associations, festivals, halls, etc., which have extended their ramifications, the *Turn vereine*, throughout the United States, and wherever the numerous German emigrants have directed their footsteps.

In France and among the native population of this country, the theory and practice of gymnastic exercise are comparatively little known, though we yearly note more and more attention granted to them. Their beneficial effects have been recognized in Yale, Amherst, and some other Colleges, but so far their scope has been limited. We have sought in vain for a single work by an American author, or published in America, treating the subject from an intelligent physiological point of view.

Let it be well understood that muscular labor is not muscular exercise, any more than promiscuous feeding is dietetics. *L'art pour l'art* must be the motto of the gymnast, and by gymnast we do not mean an athlete necessarily, but him who exercises his bodily powers with the object of improving his health. Such a one must seek no other aim than the symmetrical development of his physical system.

Once, in a gymnasium, a practical man remarked to us what a pity it was that the force there displayed could not be applied to some useful purpose. The answer to this is that the force cannot be applied to any more useful purpose than the preservation of health, and this is and should be made paramount in a school of physical culture.

The theories of such culture are, however, singularly crude, even among physicians, and still more so among non-medical writers. The well known novelist, Wilkie Collins, and the anti-muscular school have been waging a crusade against boat racing and similar pastimes, in which schoolboys and under-graduates proverbially take delight. They urge that the severer exertion and preliminary training necessary in such sports undermine the constitution of young men, and not only shorten their lives, but sometimes result in immediately fatal consequences. They claim the unanimous endorsement of the medical profession as supporting their theory, but it is evident from recent discussions in London that they are far out in this claim. One of the London journals, speaking in favor of the exercises, calls attention to the fact that to excel in such exercises, a regular system of training is required, involving temperance, if not abstemiousness, in all things, and constant practice; and it is pleasant to find, from the large body of evidence collected by Dr. Morgan in his interesting work entitled "University Oars," that, in the opinion of all, or almost all who have pursued rowing with more ardor than as a mere amusement, no

injurious effects can be attributed to it, provided only that the men have been properly trained. The information he has obtained shows that no less than 12 of the 16 men who rowed in the first inter-university race in 1829 are still living; that the competitors in this, as well as in the succeeding races, have had as good an average of life as any corresponding number of Englishmen who do not row, and, lastly, that while an extremely small number of men have suffered any injury from rowing, many acknowledge the benefits they have received from it in health, strength and spirits.

No doubt there are some men who are wholly unfit to enter into any competition of the kind. The strain of all exertion falls primarily on the heart and lungs, and in a secondary degree on the brain. As soon as the muscles contract, the mechanism of the valves in the veins occasions a quicker current and a larger volume of blood to enter the right heart, which labors to propel its contents through the capillaries of the lungs.

It is easy to see what must be the effect of such conditions in a man with unsound lungs or heart. It matters little which is at fault; the result is nearly the same. In either case, whether the heart be feeble, or the lungs, from original conformation or disease, be inadequate to transmit the volume of blood forced into them by a vigorous heart, the first active movements gorge the light cardiac cavities, and, as these cannot discharge their contents, the entire venous system feels the effects, and lividity of the surface and general distress are the immediate consequences—consequences that, if the effort be persisted in, may easily lead to cardiac dilatation and its attendant evils, or, in an extreme case, to rupture of the walls of the heart or to cerebral hemorrhage; or, on the other hand, should the lungs be very seriously affected and the heart possess fair energy, to pulmonary hemorrhage.

Even in such cases, however, a more gentle exercise cannot but act beneficially. Observation proves that boys with irritable hearts, thrown into violent palpitation on slight cause, really improve by carefully graduated exercise.

Everything depends on the novice being taught by a judicious master, who can appreciate the physical condition of his pupil, and direct him to those especial efforts which correct his weaker points.

We have not touched upon the "Swedish Movement Cure" in these suggestions, but the therapeutic adaptations of exercise are numerous, and as yet, but ill-understood in this country. They deserve far more study than they have received.

AMERICAN MEDICAL ASSOCIATION.

We present to our readers a full report of the doings of this body at its recent session in St. Louis.

When the plan for organization was amended, providing for sections, and in a few years for a Permanent Secretary, we felt that each was a step in advance. And now the Association has made another step; we allude to the formation of a Judicial Council, thus at once and forever, we hope, removing from the main body much business which interrupted its harmony and interfered with the main objects for which the Association was formed.

These gentlemen constitute a supreme court, one from which there is no appeal, and it behooves them to act with extreme care and judgment in all that comes before them. With the *personnel* of this Council we are well pleased, though we think a sufficient number could have been obtained without taking more than one from a single State. We shall look with much interest to their doings, and trust they will fully meet all the expectations of those who were instrumental in their appointment.

The other changes are equally improvements, and must conduce greatly to an increase in the importance of these annual gatherings.

We were never of those who expected that such a body, so constituted, and with such limited powers, could wield an influence sufficient to control the vast army of medical men now swarming within our borders. In the United States, where so much liberty is enjoyed, where we find such a diversity of views in the several States on every subject, it cannot be expected that medicine or medical teaching would be an exception.

The evils of our system are easier described than remedied. The usual effort was made to obtain some change for the better in medical teaching, but with the usual result.

Apart from this matter, we believe the Association has accomplished and will continue to accomplish much good for the profession. It influences the formation of Medical Societies, than which nothing can so greatly aid the improvement and the elevation of the profession.

While it is the fashion in some places to decry the Association, and quote it as a magnificent failure, yet the records show that it is steadily advancing in the affection and confidence of the great body of the profession.

We do not despair of its future, and would earnestly urge all who, at heart, wish it success, to lend their efforts to that end.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

In a few days this organization will hold its annual session in Carlisle. We have information which leads us to anticipate a large gathering. In view of the proposed amendments to the plan of organization of the national body, it behooves the State Society to select its best men as representatives for 1874. Nor is it less important that the physicians throughout the State should see the necessity for them to maintain their connection with the State Society, as in the event of the adoption of these changes many are liable to lose the opportunity for membership in the American Medical.

In Pennsylvania, every county should be fully organized; every physician should be a member of his County Medical Society. With such an array, with such influence, the State Society would wield a power that would command the best legislation on the part of our lawgivers in all matters pertaining to the health of the community. We could also demand more care, more circumspection in the granting of charters to diploma makers.

The State Society should demand the formation of a State Board of Health. They should insist that none but the best men should be appointed, whether as members of health boards, or as officers to carry into execution the flats of these boards. It will not do for either party to screen themselves behind the excuse that appointments are made to suit the politicians. He who is willing to act *with* such appointees must share alike with them the blame and the praise.

The power of the State Society has been repeatedly shown, in the extension of the accommodations for the insane, as well as other equally valuable points; let the members but resolve and the matter is half accomplished.

In conclusion, we hope the profession, the permanent members as well as delegates, will go up to the meeting at Carlisle, determined to make it the largest and most important meeting that has ever been held.

We are gratified to announce that the railroads have agreed to issue excursion tickets at reduced rates to all who hold an order from the Permanent Secretary. This extends also to the ladies who accompany the members.

PRIZE ESSAYS.

We see by the reports of the American Medical Association, and the Association of Medical Editors, that no prizes were adjudged by either Association. Why is this? Is the sum offered by either too small to tempt the pens of our young men? Or can it

be that the itch for writing is less developed than formerly? Perhaps, one reason acting, in the case of the American Medical Association, is the want of any advertisement that prizes were to be obtained by those who competed for them. Hence, it is little cause of wonder that but one essay should have been presented. On one occasion, we know that the only two essays offered were adjudged prizes on the ground that they were the best two. We like the rulings of the Committees in later days, who decline to award the prize to anything short of original investigation, and that of real, practical importance.

In this connection, we would ask why it is that so few papers are presented at these annual gatherings. The sections meet, but have nothing to occupy their attention, hence, after the first day, the members do not care to waste their time in this way, and prefer to go sight seeing.

Again, a very pertinent inquiry arises as to the utility of the appointment, either by request or otherwise, of so many special committees to report on subjects, all of which are sufficiently provocative of thought, when it is found that year after year said committees fail to respond to the call of their names. In examining the long list of names on the circular of the Permanent Secretary, we find but two offered any report, outside of the regular business committees; three or four reported progress; the rest died and made no sign.

To return to the Prize Essays, why not, once in three years, offer the whole sum, $600 for one Essay. Let the Committee thoroughly advertise the offer of such a prize and the rules adopted by the Committee. We feel confident that such a course would not only invite competition, but we would have a host of essays of value, all of which might be given to the medical public through the columns of our medical journals.

We would earnestly suggest to the committee for 1874 that they adopt some such course, and thus aid in the removal of what is felt to be a stigma upon the profession.

Notes and Comments.

Bellevue Hospital Training School for Nurses.

The effort to raise a sum of money to establish, in connection with Bellevue Hospital, a training school for nurses has, we are glad to say, been crowned with abundant success. This has been done under the auspices of the Ladies' Local Visiting Committee of Bellevue Hospital. The work is already commenced. The committee, after a diligent search in this country and in England for a person qualified to fill the post of lady superintendent, have been most fortunate in securing the services of an English lady, Miss Bowden, who has been for twelve years at University College Hospital, under Sir William Jenner and other distinguished English physicians and surgeons. Miss Bowden was sent from University College to Manchester, in the height of a typhus fever epidemic, to take charge of the nursing at the Charlton Union Workhouse Hospital of 600 beds at Manchester, and for some years she has had the supervision of the nursing of that hospital, not always living there, but visiting it every now and then, and responsible for the work. During the Franco-Prussian war she was sent by the National Relief Association to Sedan and Metz, and for four months she and her assistants followed the armies, succoring and nursing the wounded on both sides. With such experience at its head the school at Bellevue appears under the happiest auspices.

But the thoughtful ladies composing the committee felt that it was not sufficient that the nurses should be well taught in the hospital, they should also enjoy the happy influences of a home when resting from their labors. For this end they have leased a house, No. 314 East Twenty-sixth street, where the nurses will live. Messrs. Marcotte, Sloane & Sypher have given most liberal donations of furniture, etc., and thus the ladies have been enabled to study not only comfort but good taste in the arrangements. This house is to be under the management of an American lady, Mrs. Mary Morris Husband, whose name is well known and revered among the soldiers who bled for

their country during the days of the rebellion, and who now is prepared to teach her fellow countrywomen the lessons in tending the sick and afflicted she has herself practiced. Such an opportunity to acquire a noble and elevating profession has never before been offered to the women of America.

Which of the hospitals in Philadelphia will take the initiative in so important and useful a work?

A Hospital for Women and Infants.

We are glad to notice an effort to establish, in this city, a hospital for women and infants. A hospital for the exclusive treatment of diseases of women has been among the urgent wants of Philadelphia, and we trust that the effort will be crowned with complete success. The enterprise is in the hands of energetic young men, who have called in the counsel of some of our best known and most respected older physicians and surgeons. It is backed, too, by the names of some of our most substantial and large-hearted citizens.

The Board of Physicians consists of Drs. Edw. L. Duer, Jno. S. Parry, Wm. F. Jenks, and Jno. A. McArthur, *Surgeons*, and Drs. C. H. Merklein, R. G. Curtin, Jas. V. Ingham, and Horace Williams, Obstetricians.

A Professional Novelty.

The physicians of Phillipsburg, Pa., have adopted the singular plan of publishing the deaths which occur in the practice of each, under his own name, quarterly, in the advertising columns of the county paper, with the cause of death "when known." This plan is eminently fair to the younger members of the profession, who have but little practice and presumably few deaths, and is quite the reverse of advertising cures and successes, but its peculiar features will, we opine, render it also the reverse of popular.

Foreign Correspondence.

VIENNA, May 1, 1873.

EDS. MED. AND SURG. REPORTER:—

The clinics and lectures in the Hospital for the summer semester commenced on the 28th of April, although they usually begin the week after Easter; very few of the professors were on hand until the latter named date, although some of them were advertised for the 17th of April.

The Summer course this year will only last till about the middle of June, instead of the end of July, which is the usual termination of the semester. This abbreviation of the course has been made in order to allow the Austrian students to complete their regular year's course as prescribed by the laws of the University, for in consequence of the increase in prices for rooms and living in Vienna, caused by the Exposition, the financial circumstances of many of them would not allow of their remaining in the city during the regular *three months'* course, and they would consequently be either obliged to lose the semester or spend the same in some other University, where the expenses are not so great.

The number of students attending the summer clinics is comparatively small; in the principal clinics, at least one-half or two-thirds of the benches are empty, and in Hebra's clinic on skin diseases I counted about thirty, although many of these were students from the winter course, who are remaining until the opening of the Exposition, and who expect to depart soon after the occurrence of that event. Many of the private courses given by the Assistants in the clinics have been advertised, but as the minimum number of students have not presented themselves, there are consequently but very few of these courses in operation. Even Professor Zager's course on "Examinations with the ophthalmoscope" was advertised to commence on the 28th of April, but as there were only four names on the list at that date, the course was postponed until such time as the minimum number of gentlemen had subscribed; this minimum number is, I think, *Ten.* The private courses on Examinations with the Laryngoscope are, in general, good, here in Vienna. They last, as a general thing, about six weeks, after which new ones commence if the requisite number of names are subscribed. I think the best course in the Department, for those who have some experience in examinations with the Laryngoscope, is that given by Privat Docent, Dr. Schnitzler. The course would be of very little advantage to those who know nothing about examinations with the instrument, for in consequence of the large amount of material, the Doctor cannot give any systematic lectures on the use of the instrument. But for those who have attended some of the other courses in this Department, and have learned to make the necessary examinations, the course will be of immense advantage, for there are generally about *thirty* or forty patients examined and treated during the Dispensary hours, which are from 8½ till 10, each morning. During these hours, the gentlemen who take the course have the privilege of examining the patients for themselves and making their own diagnosis. The more important cases are examined by the Doctor himself, who makes a few appropriate remarks in regard to each case in succession.

It may probably be interesting to you to

learn that several important changes have taken place in the Medical Department of the University of Vienna. In the first place, an independent chair of general Pathology has been created, and is to be filled by Professor Stricker, who has heretofore acted as Supernumerary Professor of Experimental Pathology, and who is now regular Professor of General and Experimental Pathology. According to this new arrangement, the students are obliged to attend the lectures on General and Experimental Pathology, as well as on Pathological Anatomy, in the same semester; then, in the next regular semester, Special Pathology or the clinics. The second change consists in the establishment of a chair of "Psychiatrie," which is to be filled by Professor Meynert. The lectures in this department, which have already commenced, are delivered in the Insane Asylum, situated about two squares from the Hospital; one of the advantages of the Vienna School seems to be that almost all the lectures and clinics are delivered either in the Hospital or in its immediate neighborhood, rendering it very convenient for the students, as they thereby lose but very little time in going from one lecture to another.

In this newly created chair of Psychiatrie, all candidates are required to pass an examination, who wish to obtain appointments, as "Bezirksarzt" or sanitary officer, as well as Medical Jurisprudence and Hygiene; for the two latter subjects, professorships have also been created, but as yet, no appropriate celebrities have been found to fill them. As you are probably aware, they expected to secure Max V. Pettenkoffer, of Munich, for the chair of Hygiene, but as he has positively declined to accept the position they are now looking around for another appropriate person.

A further important change in the University will take place in consequence of the new University law which passed the "Abgeordnetenhaus" last week, the principal contents of which specify that henceforth the College of Physicians shall be entirely separated from the University proper, and that it will be no longer necessary to send a representative from the latter body to the Examinations or Sessions of the University "Concilium," as has heretofore been customary. Secondly, the abolition of sectarianism in the government and teaching of the University; in other words, its complete emancipation from the control of the Catholic Church; whether this latter move, which may be considered as one of the victories of the "Liberals" in the House, over the Clerical party, will open up a new field of light and usefulness to the Institution, remains to be seen.

The first part of the new atlas of syphilitic diseases, by Dr. Kaposè, Hebra's partner, has just appeared, and costs about *sixteen* florins, or *eight* dollars; the other two parts, which will complete the work, will appear in the course of the year. According to official reports, there have been ten deaths from cholera from the 4th till the 20th of April, and there are sixteen cases reported in the Military Hospital; whether these cases are only the forerunners of an epidemic remains to be seen; certainly the prospects for the same will be enhanced by the large concourse of strangers who will crowd into the city from all parts of the world during the hot months of July and August. Very Respectfully,

FRANCIS DOWLING, M. D.

NEWS AND MISCELLANY.

Medical Society of the State of Pennsylvania.

Delegates who propose to attend the Annual Session at Carlisle should *immediately* write to the undersigned for orders for Excursion tickets. This includes the ladies who travel with the delegates.

W. B. ATKINSON,
Permanent Secretary, Philad'a.

—Dr. Henry Laning, of Syracuse, has received an appointment from the American Protestant Episcopal Church Mission to organize and take charge of a hospital at Osaca, Japan, which is to be in connection with an American school there established. He is to sail from San Francisco on the 1st of June

—Dr. J. C. Norris, of Lock Haven, died a few days since, suddenly, of alcoholic apoplexy. He was regarded as a skillful physician.

MARRIAGES.

DU BOIS—RAE.—At Champlain, N. Y., on Thursday, May 15th, by Rev. Dr. Buckley, Dr. Matthew B. Du Bois, of New York, and Helen M., daughter of the late Rev. L. Rae.

TRESKATIS—BRECK.—At Bound Brook, N. J., May 15th, by Rev. Dr. Rogers, Dr. G. Treskatis, of New York city, and Elizabeth Grace, youngest daughter of A. Y. Breck, Esq.

WELLS—EPPES.—In Binghampton, N.Y., May 8th, by the Rev. Clark Salmon, Elmore H. Wells, M.D., and Lavinia W. Eppes, both of Meshoppen, Pa.

WILSON—NOURSE.—In Boston, Mass., by the Rev. Phillips Brooks, D.D., Dr. Cecil Wilson and C. Josephine, daughter of B. F. Nourse, Esq., all of that city.

DEATHS.

ANDERSON.—In New York, May 15th, Annie M., wife of Dr. H. A. C. Anderson, and daughter of Samuel M. Simpson, Esq.

COATES.—At Chester, Pa., May 17th, Charles Morton, infant son of Dr. I. T. and Mary P. G. Coates, aged 7 months.

SMEDLEY.—Departed this life, 5th mo. 18th, at West Chester, Pa., Esther K. Smedley, wife of Dr. Robert C. Smedley and daughter of Benjamin Kent, in the 38th year of her age.

TAYLOR.—Dr. Joseph Taylor, at his late residence, Highland Terrace, above Newport, Ky., May 12th, in the 67th year of his age.